McLAREN HEALTH PLAN
A McLAREN HEALTH SERVICE

G-3245 Beecher Road
Flint, MI 48532
(888) 327-0671
www.mclarenhealthplan.org

State of Michigan

Benefit Plan Summary

Service	Benefit
Fixed Dollar Co-Payments	
Physician Office Co-Payment	$10
Emergency Room Co-Payment	$50
Urgent Care Co-Payment	$10
Prescription Drugs	
Generic or Preferred	$5
Brand Preferred	$10
Brand Preferred when Generic Available	$10 plus difference in cost between Generic and Brand drug
Non-Formulary Brand	Not Covered
Physician Services	
Physician Office Visits	Covered 100%, less $10 co-payment
Specialist Office Visits and Consultations	Covered 100%, less $10 co-payment
Preventive and Other Physician Office Services	
Health Maintenance Exams	Covered 100%, less $10 co-payment
Routine Gynecological Exams and Pap Smears	Covered 100%, less $10 co-payment
Well-Child Care	Covered 100%, less $10 co-payment
Immunizations	Covered 100%
Routine Mammogram	Covered 100%
Colonscopy, PSA Screening	Covered 100%
Vision Screening	Covered 100%
Hearing Screenings and Exams	Covered 100%
Prenatal and Postnatal Care	Covered 100%
Voluntary Family Planning	Covered 100%, less $10 co-payment
Genetic Counseling	Covered 100%, less $10 co-payment
Infertility Counseling and Treatment	Covered 100%
Voluntary Sterilization	Covered 100%
IUDs and Other Devices	Covered 100%
Nutritional Education and Counseling	Covered 100%, less $10 co-payment
Emergency Care	
Hospital Emergency Room	Covered 100%, less $50 co-payment
Urgent Care Center	Covered 100%, less $10 co-payment
Physician's Office	Covered 100%, less $10 co-payment
Ambulance Services – Ground and Air (Medically Necessary Only)	Covered 100%
Hospital Services	
Inpatient Hospital Services	
Semi-private Room; Surgery and Related Services; Anesthesia, Laboratory and Radiology; Chemotherapy, Inhalation Therapy ; Hemodialysis; Physical, Speech and Occupational Therapy; Transplant Services; Maternity Care (Hospital Only); Physician Services Including Consultation (Excludes Obstetrical Services Provided by a Physician)	Covered 100%
Outpatient Hospital Services	
Outpatient Surgery	Covered 100%
Outpatient CT scans, PET scans, MRI and Nuclear Medicine	Covered 100%
Diagnostic and Therapeutic Services and Tests	
Laboratory Tests	Covered 100%
Diagnostic X-ray, Including Mammography	Covered 100%

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Service	Benefit
Diagnostic and Therapeutic Services and Tests	
Laboratory Tests	Covered 100%
Diagnostic X-ray, Including Mammography	Covered 100%
Radiation Therapy	Covered 100%
Special Surgical Procedures	
Benefit applies to surgical fees only	
Bariatric Surgery	Covered 100%
Reduction Mammoplasty	Covered 100%
Blepharoplasty of Upper Eyelids	Covered 100%
Panniculectomy	Covered 100%
Surgical Treatment of Male Gynecomastia	Covered 100%
Procedures to Correct Obstructive Sleep Apnea	Covered 100%
Alternatives to Hospital Care	
Skilled Nursing Care	Covered 100% unlimited days
Home Health Care	Covered 100% up to 60 days per episode, per year
Hospice Care	Covered 100%
Mental Health and Substance Abuse Services	
Inpatient Mental Health	Covered 100% up to 45 days per person, per year (renewable after 60 days from discharge)
Intermediate Substance Abuse Treatment	Covered 100% limited to 1 program per year
Outpatient Mental Health	Covered 100% up to 35 visits per person, per year
Outpatient Substance Abuse Services	Covered 100% up to 35 visits per person, per year
Other Services	
Outpatient Rehabilitation Services – Physical, Occupational and Speech Therapies	Covered 100%
Durable Medical Equipment	Covered 100%
Prosthetics, Orthotics and Corrective Appliances	Covered 100%
Hearing Aids	Covered 100%
Oral Surgery	Covered 100%
Temporomandibular Joint Syndrome (TMJ) Treatment	Covered 100%
Orthognathic Surgery	Covered 100%
Antineoplastic Drugs	Covered 100%
Intractable Pain	Covered 100%
Dependent Coverage	
Dependents Age 19 -25 (Full-Time College Students Only)	Covered

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Service	Benefit	
Prescription Drug Coverage	**Retail** **34-Day Supply**	**Mail Order** **90-Day Supply**
Generic or Preferred	Covered with $5 co-payment	Covered with $10 co-payment
Brand Preferred	Brand: $10 co-payment	Brand: $20 co-payment
	Brand when Generic Available: $10 co-payment plus difference in cost between Brand and Generic	Brand when Generic Available: $20 co-payment plus difference in cost between Brand and Generic
Non-Formulary	Not Covered	Not Covered
Contraceptives	Included	Included

This Summary of Benefits is intended only to highlight the benefits provided by McLaren Health Plan (MHP) and should not be relied upon to fully determine coverage. This health plan may not cover all health care expenses. Please refer to the MHP Certificate of Coverage for a complete listing of covered services, limitations and exclusions, and a description of all the terms and conditions of coverage. If this description conflicts in any way with the certificate and applicable riders issued to the enrolling group, the certificate and applicable riders will prevail. For answers to questions about information that appears in the summary, call Member Services at (888) 327-0671.